



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: Gurnee PD

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>3</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>3</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>3</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>3</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>3</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>3</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>3</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>3</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>3</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

INSTRUCTORS TRULY ARE EXPERTS IN THEIR FIELD.

11. What was the worst or least helpful part of the program for you?

12. How beneficial were the skill stations?

Introduction to TEMS	<u>3</u>	2	3	Care Under Fire	<u>3</u>	2	3
Patient Assessment	<u>3</u>	2	3	Bleeding Control	<u>3</u>	2	3
Airway Management	<u>3</u>	2	3	Drugs and Carries	<u>3</u>	2	3
Comprehensive Scenarios	<u>3</u>	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: Gurnee Police Dept.

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-------------------------|---|---|
| 1. How well-organized was the entire program? | <input type="radio"/> 1 | 2 | 3 |
| 2. To what extent did the program meet your needs? | <input type="radio"/> 1 | 2 | 3 |
| 3. Did the program meet the course objectives? | <input type="radio"/> 1 | 2 | 3 |
| 4. What is your overall evaluation of the program? | <input type="radio"/> 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <input type="radio"/> 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <input type="radio"/> 1 | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <input type="radio"/> 1 | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <input type="radio"/> 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <input type="radio"/> 1 | 2 | 3 |

10. What was the best or most helpful part of the program for you?
the application of what we learned on Tomm

11. What was the worst or least helpful part of the program for you?
Long Powerpoints

- | | | | | | | |
|---|-------------------------|---|---|-------------------|-------------------------|-----|
| 12. How beneficial were the skill stations? | | | | | | |
| Introduction to TEMS | <input type="radio"/> 1 | 2 | 3 | Care Under Fire | <input type="radio"/> 1 | 2 3 |
| Patient Assessment | <input type="radio"/> 1 | 2 | 3 | Bleeding Control | <input type="radio"/> 1 | 2 3 |
| Airway Management | <input type="radio"/> 1 | 2 | 3 | Drags and Carries | <input type="radio"/> 1 | 2 3 |
| Comprehensive Scenarios | <input type="radio"/> 1 | 2 | 3 | | | |

13. Would you recommend this course to others? Yes No _____

14. General comments:



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: Civitas

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>1</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>1</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

Scenarios

11. What was the worst or least helpful part of the program for you?

12. How beneficial were the skill stations?

Introduction to TEMS	<u>1</u>	2	3	Care Under Fire	<u>1</u>	2	3
Patient Assessment	<u>1</u>	2	3	Bleeding Control	<u>1</u>	2	3
Airway Management	<u>1</u>	2	3	Drugs and Carries	<u>1</u>	2	3
Comprehensive Scenarios	<u>1</u>	2	3				

13. Would you recommend this course to others? Yes X No _____

14. General comments:



INSTRUCTOR
COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: GUNNEE, IL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | A | 2 | 3 |
| 2. To what extent did the program meet your needs? | A | 2 | 3 |
| 3. Did the program meet the course objectives? | A | 2 | 3 |
| 4. What is your overall evaluation of the program? | A | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | A | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | A | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | A | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | A | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | A | 2 | 3 |

10. What was the best or most helpful part of the program for you?

FEELING CONFIDENT TO BRING THIS BACK TO MY AGENCY TO TRAIN THE MATERIAL. LOVE THE FACT THAT ALL THE MATERIALS ARE ON THE USB DRIVE

11. What was the worst or least helpful part of the program for you?

N/A

12. How beneficial were the skill stations?

Introduction to TEMS	A	2	3	Care Under Fire	A	2	3
Patient Assessment	A	2	3	Bleeding Control	A	2	3
Airway Management	A	2	3	Drags and Carries	A	2	3
Comprehensive Scenarios	A	2	3				

13. Would you recommend this course to others? Yes No

14. General comments:

GREAT COURSE, HOPE TO TAKE SOMETHING ELSE FROM YOU GUYS



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Course #: _____ Course Location: Gurnee PD

COURSE SUMMARY EVALUATION*

- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | 0 | 2 | 3 |
| 2. To what extent did the program meet your needs? | 1 | 2 | 3 |
| 3. Did the program meet the course objectives? | 1 | 2 | 3 |
| 4. What is your overall evaluation of the program? | 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 1 | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | 1 | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 1 | 2 | 3 |

10. What was the best or most helpful part of the program for you?

Hands-on approach

11. What was the worst or least helpful part of the program for you?

Medical terms are hard to get used to w/ no background

12. How beneficial were the skill stations?

Introduction to TFMS	0	2	3	Care Under Fire	0	2	3
Patient Assessment	1	2	3	Bleeding Control	1	2	3
Airway Management	1	2	3	Drags and Carries	1	2	3
Comprehensive Scenarios	1	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:



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- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | 1 | 2 | 3 |
| 2. To what extent did the program meet your needs? | 1 | 2 | 3 |
| 3. Did the program meet the course objectives? | 1 | 2 | 3 |
| 4. What is your overall evaluation of the program? | 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 1 | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | 1 | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 1 | 2 | 3 |

10. What was the best or most helpful part of the program for you?
HANDS ON

11. What was the worst or least helpful part of the program for you?

- | | | | | | | |
|---|---|---|---|-------------------|---|-----|
| 12. How beneficial were the skill stations? | | | | | | |
| Introduction to TEMS | 1 | 2 | 3 | Care Under Fire | 1 | 2 3 |
| Patient Assessment | 1 | 2 | 3 | Bleeding Control | 1 | 2 3 |
| Airway Management | 1 | 2 | 3 | Drags and Carries | 1 | 2 3 |
| Comprehensive Scenarios | 1 | 2 | 3 | | | |

13. Would you recommend this course to others? Yes No _____

14. General comments:
GOOD CLASS, MATERIAL PRESENTED WELL



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- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>2</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>2</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>2</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>2</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>2</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>2</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>2</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>2</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>2</u> | 2 | 3 |
10. What was the best or most helpful part of the program for you?

11. What was the worst or least helpful part of the program for you?

12. How beneficial were the skill stations?

Introduction to TEMS	<u>2</u>	2	Care Under Fire	<u>2</u>	2	3
Patient Assessment	<u>2</u>	2	Bleeding Control	<u>2</u>	2	3
Airway Management	<u>2</u>	2	Drags and Carries	<u>2</u>	2	3
Comprehensive Scenarios	<u>2</u>	2				

13. Would you recommend this course to others? Yes No

14. General comments:



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| 3. Did the program meet the course objectives? | 2 | 3 |
| 4. What is your overall evaluation of the program? | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 2 | 3 |

1
2
3
2
2
2
2
2
1

10. What was the best or most helpful part of the program for you?

The practical exercise

11. What was the worst or least helpful part of the program for you?

Power point

12. How beneficial were the skill stations?

Introduction to TEMS
Patient Assessment
Airway Management
Comprehensive Scenarios

1 2 3
2 2 3
2 2 3
2 2 3

Care Under Fire
Bleeding Control
Drags and Carries

2 3
2 3
2 3

13. Would you recommend this course to others? Yes No _____

14. General comments:

